

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 0981140		FILING DATE 3-16-01	
CLAIMS						*		*	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.
1						51			
2						52			
3						53			
4						54			
5						55			
6						56			
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42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	4					TOTAL DEP.			
TOTAL DEP.	16					TOTAL CLAIMS			
TOTAL CLAIMS	20								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS